

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Veronica For Congress

ADDRESS (number and street)

1835 University Ave., #D

Check if different
than previously
reported. (ACC)

Riverside

CA

92507

2. **FEC IDENTIFICATION NUMBER ▼**

C

C00555037

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

CA

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
01 / 01 / 2014

through

M M / D D / Y Y Y Y
03 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nadadur Vardhan

Signature of Treasurer

Nadadur Vardhan

[Electronically Filed]

Date

M M / D D / Y Y Y Y
04 / 15 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 10

Write or Type Committee Name

Veronica For Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	8710.00	8710.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	8710.00	8710.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	7724.60	7724.60
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	7724.60	7724.60
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1085.61	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	348.43	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

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FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Veronica For Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

8710.00

8710.00

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL of contributions from individuals ▶

8710.00

8710.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

8710.00

8710.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

100.03

100.03

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

100.03

100.03

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.18

0.18

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

8810.21

8810.21

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	7724.60	7724.60
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	7724.60	7724.60

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8810.21
25. SUBTOTAL (add Line 23 and Line 24).....	8810.21
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	7724.60
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1085.61

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 10

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Veronica For Congress

A. Full Name (Last, First, Middle Initial) Kirpal S. Dhanju		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2014	
Mailing Address 7055 Westport Street		Transaction ID : INCA10	
City Torrance	State CA	Zip Code 90506	Amount of Each Receipt this Period _____ 950.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer N/A	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 950.00		
B. Full Name (Last, First, Middle Initial) Patricia A. Goodwin		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2014	
Mailing Address 12065 Heacock Street		Transaction ID : INCA24	
City Moreno Valley	State CA	Zip Code 92557-7102	Amount of Each Receipt this Period _____ 900.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pat Goodwin Bookkeeping and Tax Servc	Occupation Bookkeeper		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1800.00		
C. Full Name (Last, First, Middle Initial) Patricia A. Goodwin		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2014	
Mailing Address 12065 Heacock Street		Transaction ID : INCA25	
City Moreno Valley	State CA	Zip Code 92557-7102	Amount of Each Receipt this Period _____ 900.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Pat Goodwin Bookkeeping and Tax Servc	Occupation Bookkeeper		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1800.00		
SUBTOTAL of Receipts This Page (optional).....		_____ 2750.00	
TOTAL This Period (last page this line number only).....		_____	

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 10

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Veronica For Congress

Full Name (Last, First, Middle Initial)

Agueda M. Gutierrez

Mailing Address 2011 Ross Ave.

City

El Centro

State

CA

Zip Code

92243-3686

FEC ID number of contributing
federal political committee.

C

Name of Employer

Smile Paradise

Occupation

Administrator

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		18		2014

Transaction ID : INCA7

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Richard Gutierrez

Mailing Address 1825 University Ave.

City

Riverside

State

CA

Zip Code

92507

FEC ID number of contributing
federal political committee.

C

Name of Employer

Campus Family Dentistry

Occupation

Dentist

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1985.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2014

Transaction ID : INCA12

Amount of Each Receipt this Period

995.00

Full Name (Last, First, Middle Initial)

Richard Gutierrez

Mailing Address 1825 University Ave.

City

Riverside

State

CA

Zip Code

92507

FEC ID number of contributing
federal political committee.

C

Name of Employer

Campus Family Dentistry

Occupation

Dentist

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1985.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2014

Transaction ID : INCA11

Amount of Each Receipt this Period

990.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2985.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 10
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Veronica For Congress

Full Name (Last, First, Middle Initial) B.C. Mallappa		Date of Receipt M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address P.O. Box 55815		Transaction ID : INCA6
City Riverside	State CA	
Zip Code 92507		Amount of Each Receipt this Period 995.00
FEC ID number of contributing federal political committee. C		
Name of Employer Campus Bookkeeping & Investment Firm	Occupation Businessman	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 995.00	

Full Name (Last, First, Middle Initial) R H Parvathamma Setty		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2014
Mailing Address 1523 Heirloom Ave.		Transaction ID : INCA8
City Perris	State CA	
Zip Code 92571		Amount of Each Receipt this Period 990.00
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 990.00	

Full Name (Last, First, Middle Initial) Nadadur Vardhan		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 2316 Hill Street		Transaction ID : INCA9
City Santa Monica	State CA	
Zip Code 90405		Amount of Each Receipt this Period 990.00
FEC ID number of contributing federal political committee. C		
Name of Employer Nadadur Vardhan CPA	Occupation Accountant	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 990.00	

SUBTOTAL of Receipts This Page (optional).....	2975.00
TOTAL This Period (last page this line number only).....	8710.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 10

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Veronica For Congress

Full Name (Last, First, Middle Initial)

A. Linku System, Inc.

Mailing Address 1901 Samson Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		07		2014

City	State	Zip Code
Corona	CA	92879

Amount of Each Disbursement this Period

1103.96

Purpose of Disbursement
Website Development

001

Transaction ID : EXPB4

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. Registrar of Voters

Mailing Address 2724 Gateway Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		07		2014

City	State	Zip Code
Riverside	CA	92507

Amount of Each Disbursement this Period

4800.00

Purpose of Disbursement
Filing fee

001

Transaction ID : EXPB3

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. Secretary of State

Mailing Address 1500 11th Street, Room 495

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		25		2014

City	State	Zip Code
Sacramento	CA	95814

Amount of Each Disbursement this Period

1686.64

Purpose of Disbursement
Filing fee

001

Transaction ID : EXPB2

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

7590.60

TOTAL This Period (last page this line number only).....

7590.60

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 9 OF 10

FOR LINE NUMBER:
(check only one)☐ 13a
☒ 13bNAME OF COMMITTEE (In Full)
Veronica For Congress

Transaction ID : PAYC16

LOAN SOURCE Full Name (Last, First, Middle Initial)

Veronica Franco

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18897 Malkoha Street

City

State

ZIP Code

Perris

CA

92570

Original Amount of Loan

100.03

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100.03

TERMS

Date Incurred

M M / D D / Y Y Y Y
01 / 29 / 2014

Date Due

M M / D D / Y Y Y Y
None

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

100.03

TOTALS This Period (last page in this line only)..... ►

100.03

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 10 OF 10

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Veronica For CongressA. Full Name (Last, First, Middle Initial) of Debtor or Creditor
VE Signs, Inc.Nature of Debt (Purpose):
Business Cards

Mailing Address 18600 Van Buren Blvd.

City State Zip Code
Riverside CA 92507

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD21

Amount Incurred This Period

248.40

Payment This Period

0.00

Outstanding Balance at Close of This Period

248.40

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ▶

248.40

2) **TOTALS** This Period (last page this line number only) ▶

248.40

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

100.03

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

348.43